TRAV	EL EXF	PENSE CLAIM	1	5	See Instru	uctions a	nd Privac	у						
STD 262 (REV 10/92) Stateme						nt on Reverse Side SSAN OR EMPLOYEE NUMBER					Page	1	of	1
Matthew David											or's Office			
POSITION CB/ID NUMBER						DIVISION OR BUREAU					INDEX NUMBER			
Deputy Chief of Staff RESIDENCE ADDRESS						Communications HEADQUARTERS ADDRESS State Capitol						TELEPHONE NUMBER		
											TELEPHONE NUMBER			
CITY		STATE		ZIP		CITY	арпот			STATE	 	<u> </u>	ZIP	
						Sacramento Califor				nia 95814				
MOUTHY LOCATION				MEALS				Т	RANSPORTAT	TION				
										CARFARE,	1		BUSINESS	100000000000000000000000000000000000000
	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAKFAST	LUNCH	DINNER	INCIDENTALS	COST OF TRANS.	TYPE USED	TOLLS,		CAR USE	EXPENSE	EXPENSES
DATE	TIME	WERE INCORRED	/	BREAKFAST	LUNCH	DINNER	1	IKANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY
8-Jan	5pm	Los Angeles	171.10		/							0,00		171.10
9-Jan	2:00pm	LA > SMF	<u> </u>	6.00	10.00		ļ	173.70		<u> </u>		0.00		189.70
											<u> </u>	0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
								NOTE OF THE PERSON				0.00		0.00
												0.00		0.00
												0.00		0.00
7178												0.00		0.00
												0.00		0.00
	SUBT	OTALS	171.10	6.00	10.00	0.00	0.00	173.70	0.00	0.00	0	0,00	0.00	
COLUMN CODE (ACCTG. USE ONLY)									A stone		College		8 5 56	-11530
	CLAIM	TOTAL											\$36	0.80
PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) GS Staff "Meet the Press"										NORMAL WORK HOURS				
										PRIVATE VEHICLE LICENSE NUMBER				
											MILEAGE RATE CLAIMED			
											0.445			
											AGENCY ACCOUNTING OFFICE			
I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of										USE ONLY				
California If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or											PAID BY REVOLVING FUND CHECK NUMBER			
greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage										240865				
CLAIMANT'S		sty and seat belt usage			DATE		SIGNATURI				L		DATE	,
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES											1/Z9/10			
														50